



**For Customer Support refer to the appropriate platform below:**

**OrderPoint**

800-934-9698

Orderpoint.support@lexisnexis.com

**Accurant for Insurance**

866-277-8407

Accurant.support@lexisnexis.com

**Lexis.com**

Law Firm accounts

800-543-6862

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CLIENT : 6625  
DIVISION :  
ADJUSTER : PKWI  
CLAIM : 1121R068Z

TRANSACTION # : 1422278711  
DATE : 07/08/2021

DATE OF LOSS : 06/14/2021 TIME OF LOSS : 0:0:0  
STREET : FIVE OAKS CT  
CITY : POOLER  
COUNTY :  
STATE : GA

INVESTIGATING AGENCY : POOLER PD  
REPORT NUMBER : CASE #210614025  
REPORT TYPE : Auto Accident  
PARTY 1 : TERRY D JOHNS  
PARTY 2 :  
PARTY 3 :

CAR : E350 MAKE : MERCEDES YEAR : 2010  
TAG :

DRIVER LICENSE :  
ADDITIONAL INFO :

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NOTE :

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THANK YOU FOR YOUR ORDER!

<b>Agency Case Number</b> 210614025		<b>Agency NCIC No.</b> 0250400		<b>GEORGIA MOTOR VEHICLE CRASH REPORT</b>		<b>County</b> CHATHAM		<b>Date Rec. by DOT</b> 6/14/2021	
<b>Estimated Crash</b> Date: 6/14/2021    Time: 14:22		<b>Dispatch</b> Date: 6/14/2021    Time: 14:22		<b>Arrival</b> Date: 6/14/2021    Time: 14:22		<b>Total Number of</b> Vehicles: 2    Injuries: 0    Fatalities: 0		<b>Inside City Of</b> Pooler	
<b>Road of Occurrence</b> Not At Its Intersection But Latitude (Y) 32.133481 (Format) 00.00000				<b>At Its Intersection With</b> Of Longitude (X) -81.240925 (Format) -00.00000				<input type="checkbox"/> Suppl. To Original? <input checked="" type="checkbox"/> Private Property? <input type="checkbox"/> Hit And Run?	
<b>Unit #</b> 1 <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike <input type="checkbox"/> Susp At Fault		<b>LAST NAME</b> LIFER <b>FIRST</b> BRICE <b>MIDDLE</b> ALLEN <b>Address</b> 7 CROMER ST		<b>Unit #</b> 2 <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike <input type="checkbox"/> Susp At Fault		<b>LAST NAME</b> <b>FIRST</b> <b>MIDDLE</b> <b>Address</b>			
<b>City</b> SAVANNAH		<b>State</b>		<b>Zip</b> 31407482		<b>DOB</b> 10/5/1983			
<b>Driver's License No</b> 060755061		<b>Class</b> CLASS C		<b>State</b> GA		<b>Country</b>			
<b>Insurance Co.</b> PROTECTIVE		<b>Policy No.</b> 5G1002930		<b>Telephone No.</b> 9194145722		<b>Insurance Co.</b> STATE FARM		<b>Policy No.</b> 112C617990	
<b>Year</b> 2019		<b>Make</b> WORK		<b>Model</b> SHUTTLE		<b>Year</b> 2010		<b>Make</b> MERCEDES B	
<b>VIN</b> 1FDES8PM8KKA63650		<b>Vehicle Color</b> Unknown		<b>VIN</b> WDDKJ 5GB3AF034013		<b>Vehicle Color</b> Unknown			
<b>Tag #</b> 0C62B3		<b>State</b> MO		<b>County</b>		<b>Year</b> 2021			
<b>Trailer Tag #</b>		<b>State</b>		<b>County</b>		<b>Year</b>			
<input type="checkbox"/> Same as Driver		<b>Owner's Last Name</b> MATRAN		<b>First</b> INC		<b>Middle</b>			
<b>Address</b> 800 QUIK TRIP WAY		<b>City</b> BELTON		<b>State</b> MO		<b>Zip</b> 64012			
<b>Removed By:</b>		<input type="checkbox"/> Request		<input type="checkbox"/> List		<b>Removed By:</b>		<input type="checkbox"/> Request <input type="checkbox"/> List	
<b>Alcohol Test:</b>	<b>Type:</b>	<b>Results:</b>	<b>Drug Test:</b>	<b>Type:</b>	<b>Results:</b>	<b>Alcohol Test:</b>	<b>Type:</b>	<b>Results:</b>	<b>Drug Test:</b>
<b>First Harmful Event:</b>		<b>Most Harmful Event:</b>		<b>Operator/Ped Cond:</b>		<b>First Harmful Event:</b>		<b>Most Harmful Event:</b>	
<b>Operator Factors:</b>		<b>Vehicle Factors:</b>		<b>Roadway Factors:</b>		<b>Operator Factors:</b>		<b>Vehicle Factors:</b>	
<b>Direction of Travel:</b> None		<b>Vehicle Maneuver:</b>		<b>Non-Motor Maneuver:</b>		<b>Direction of Travel:</b> None		<b>Vehicle Maneuver:</b>	
<b>Vehicle Class:</b>		<b>Vehicle Type:</b>		<b>Vision Obscured:</b>		<b>Vehicle Class:</b>		<b>Vehicle Type:</b>	
<b>Number of Occupants:</b> 1		<b>Area of Initial Contact:</b> Unknown		<b>Damage to Vehicle:</b> Minor Damage		<b>Number of Occupants:</b> 1		<b>Area of Initial Contact:</b> Unknown	
<b>Traffic Way Flow:</b>		<b>Road Composition:</b>		<b>Road Character:</b>		<b>Traffic Way Flow:</b>		<b>Road Composition:</b>	
<b>Number of Lanes:</b>		<b>Posted Speed:</b>		<b>Work Zone:</b>		<b>Number of Lanes:</b>		<b>Posted Speed:</b>	
<b>Traffic Control:</b>		<b>Device Inoperative:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Traffic Control:</b>		<b>Device Inoperative:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Citation Information:</b>		Citation # O.C.G.A. §				<b>Citation Information:</b>		Citation # O.C.G.A. §	
		Citation # O.C.G.A. §						Citation # O.C.G.A. §	
		Citation # O.C.G.A. §						Citation # O.C.G.A. §	
<b>COMMERCIAL MOTOR VEHICLES ONLY</b>					<b>COMMERCIAL MOTOR VEHICLES ONLY</b>				
<b>Carrier Name</b>					<b>Carrier Name</b>				
<b>Address</b>		<b>City</b>		<b>State</b>		<b>Zip</b>			
<b>U.S. D.O.T. #</b>		<b>No. of Axles</b>		<b>G.V.W.R</b>		<b>U.S. D.O.T. #</b>		<b>No. of Axles</b>	
<b>Cargo Body Type</b>		<b>Vehicle Config.</b>		<input type="checkbox"/> Interstate <input type="checkbox"/> Fed. Reportable <input type="checkbox"/> Intrastate <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Cargo Body Type</b>		<b>Vehicle Config.</b>	
<b>C.D.L. ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>C.D.L. Suspended?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>C.D.L. ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>C.D.L. Suspended?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Vehicle Placarded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hazardous Materials?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Vehicle Placarded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hazardous Materials?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hazmat Released?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Hazmat Released?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If YES: Name or 4 Digit Number from Diamond or Box:</b>					<b>If YES: Name or 4 Digit Number from Diamond or Box:</b>				
<b>One Digit Number from Bottom of Diamond:</b>					<b>One Digit Number from Bottom of Diamond:</b>				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units					<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				

## COLLISION FIELDS

Manner of Collision:

Location at Area of Impact: Private Property

Weather:

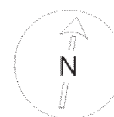
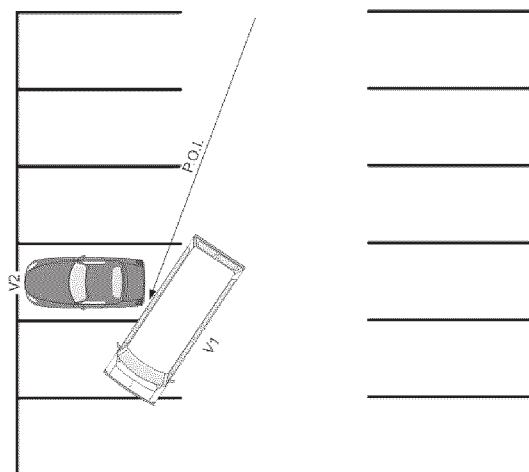
Surface Condition:

Light Condition:

## NARRATIVE

D1 ADVISED THAT HE WAS ATTEMPTING TO AVOID A FAMILY IN THE LANE, AND PARK HIS VEHICLE AT THE SAME TIME. WHILE ATTEMPTING TO PARK, D1 STRUCK V2. V2 WAS UNOCCUPIED WHEN V1 STRUCK IT. NO INJURIES. NOTHING FOLLOWS. DISCLAIMER: The reporting officer did not witness this accident. This report was compiled from paraphrased statements provided by drivers and witnesses and from physical evidence available at the time of the report. Often times vehicles have been moved and conflicting information has been amalgamated for brevity. The diagram and narrative are merely for reference and illustration purposes. If you feel this report contains errors you are encouraged to submit an affidavit in writing outlining these alleged errors along with any supporting evidence and statements to your insurance carrier.

## DIAGRAM



*Not To Scale*

## PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:

Owner:

## WITNESS INFORMATION

Name (Last, First)

Address

City

State

Zip Code

Telephone Number

## OCCUPANT INFORMATION

1	Name (Last, First): LIFER, BRICE					Address: 7 CROMER ST SAVANNAH, 31407482				
	Age: 37	Sex: Male	Unit # 1	Position: Front Seat-Left Side	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:	EMS Arrival Time:		Hospital Arrival Time:		
2	Name (Last, First):					Address:				
	Age:	Sex:	Unit # 2	Position: Front Seat-Left Side	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:	EMS Arrival Time:		Hospital Arrival Time:		
3	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:	EMS Arrival Time:		Hospital Arrival Time:		
4	Name (Last, First):					Address:				
	Age:	Sex:	Unit #	Position:	Safety Eq:	Ejected:	Extricated:	Air Bag:	Injury:	Taken for Treatment:
	Injured Taken To:		By:		EMS Notified Time:	EMS Arrival Time:		Hospital Arrival Time:		

## ADMINISTRATIVE

Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			By:			<b>Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.</b>				
Report By: ZEIGLER, F ( )		Agency: Pooler Police Department		Report Date: 06/14/2021 00:00		Checked By: MORRIS, F			Date Checked: 6/14/2021	